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|---|----------------------------------|--|-------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>MWS-109RCE       |                                     |
| Application Number                      10/783,522-Conf. #7481  |                                  | Filed                      February 20, 2004 |                                     |
| For     METHOD AND APPARATUS FACILITATING COMMUNICATION WITH A SIMULATION ENVIRONMENT   |                                  |  |                                     |
| Art Unit                      1631  |                                  | Examiner                      P. S. Whaley   |                                     |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                                     |
|   |                                  | <u>Fee</u>                                   | <u>Small Entity Fee</u>             |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120  | \$60                      \$ 120.00 |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460  | \$230                      \$       |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1050                                       | \$525                      \$       |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                       | \$820                      \$       |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                       | \$1115                      \$      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                                     |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                                     |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                                     |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                                     |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |  |                                     |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                  |  |                                     |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                                     |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                                     |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,375</u>  |                                  |  |                                     |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                      _____   |                                  |  |                                     |
| _____<br>Signature  |                                  | _____<br>Date                                |                                     |
| _____<br>Typed or printed name  |                                  | _____<br>Telephone Number                    |                                     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                                     |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                                     |

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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: June 9, 2008  | Electronic Signature for EuiHoon Lee: /EuiHoon Lee/ |